# Plan Year 2015 Open Enrollment

*Public Employees' Benefits Program*

**Take time to:**

- Compare Plan Options
- Learn About Your Benefits
- Review New Premium Rates
- Read Important Notices

Making changes? Don't wait—Open Enrollment ends May 31, 2014


**Public Employees' Benefits Program**
901 S. Stewart St., Suite 1001
Carson City, NV 89701
(775) 684-7000 . (800) 326-5496 . Fax: (775) 684-7028
www.pebp.state.nv.us
mservices@peb.state.nv.us
Twitter.com/NVPEBP


**Effective July 1, 2014 - June 30, 2015**

# Plan Year 2015 Open Enrollment

Welcome to the Public Employees' Benefits Program Open Enrollment for Plan Year 2015. Open Enrollment gives you the opportunity to review your benefit options and make changes to your coverage based on your current needs. **Please read this document carefully to ensure you are choosing the option to meet your health care needs.**

## Table of Contents



Revised 03/17/2014

The information in this guide is for informational purposes only. Any discrepancies between the benefits described herein and the PEBP Master Plan Document or the HMO Plan Evidence of Coverage Certificate(s) shall be superseded by the plan's official documents.

Approved 4.11.14

# Introduction to Open Enrollment

To begin the enrollment process, first review your personal coverage letter that you received in the mail. Next, review this guide carefully.

## You MUST take action if you want to do any of the following:

- ☐ Change your current plan election (e.g., CDHP to/from HMO)
- ☐ Add or delete your dependent(s)
- ☐ Decline coverage
- ☐ Enroll in a voluntary product (e.g., Flexible Spending, Voluntary Life Insurance, Short-Term Disability Insurance)
- ☐ Enroll in PEBP dental coverage (this option is only available to individuals enrolled in medical coverage through OneExchange)
- ☐ Decline PEBP dental coverage (this option is only available to retirees and their covered dependents enrolled in medical coverage through OneExchange)

## You DO NOT need to take further action if you:

- ☐ Want to remain in the CDHP with a Health Savings Account (HSA)
- ☐ Want to remain in the CDHP with a Health Reimbursement Arrangement (HRA)
- ☐ Want to remain in the Hometown Health Plan
- ☐ Want to remain in the Health Plan of Nevada
- ☐ Want to remain in declined coverage status
- ☐ Do not want to add or delete dependents

**Open Enrollment is May 1 - May 31, 2014**

Plan Year 2015, Effective July 1, 2014 - June 30, 2015

Complete enrollment changes online at www.pebp.state.nv.us (except for retirees enrolled in OneExchange (formerly Extend Health)) or complete the Open Enrollment Form available by request at 775-684-7000, 800-326-5496 or email mservices@peb.state.nv.us.

**Elections made during Open Enrollment must be received by the PEBP office by May 31st (or postmarked by May 31st)**

**Public Employees' Benefits Program**
901 South Stewart Street, Suite 1001
Carson City, NV 89701
775-684-7000 or 800-326-5496
Fax: 775-684-7028
www.pebp.state.nv.us
Email: mservices@peb.state.nv.us
Twitter.com/NVPEBP

## Allowable Changes

**Important**
Spouses and domestic partners who are eligible for coverage through their own employer may not be covered as a dependent.

### Coverage changes that can be made online:

- ☐ Change health plan options
- ☐ Add or delete a dependent
- ☐ Beneficiary designation(s) for Health Savings Account (HSA)
- ☐ Modify employee annual HSA contribution amount
- ☐ Establish an HSA (if changing coverage from HMO to CDHP effective July 1, 2014)
- ☐ Establish a Health Reimbursement Arrangement (if changing coverage from HMO to the CDHP and the participant is not eligible for the HSA)
- ☐ Update address/contact information

### Changes that cannot be made online:

- ☐ Enroll in Flexible Spending (medical and/or dependent care)
- ☐ Enroll in a voluntary product
- ☐ Cancel a voluntary product
- ☐ Initial enrollment in retiree coverage
- ☐ COBRA enrollment
- ☐ Participant name change
- ☐ Coverage changes related to the Medicare Exchange

## Your Responsibilities

To ensure you receive and maintain benefits for which you are eligible, please familiarize yourself with these important guidelines:

- If you do not make any changes during Open Enrollment, your current coverage will continue after July 1, 2014 and you will be responsible for paying the Plan Year 2015 premium rates for coverage.
- Changes made during open enrollment must be completed online or through the submission of a completed Open Enrollment Form by May 31, 2014.
- To add dependent(s) to your coverage, PEBP must receive the required supporting eligibility documents by June 30, 2014.
- If you experience a change of address, you must submit your new address to PEBP within 30 days of the change.
- If you experience a mid-year qualifying family status change that affects your benefits, you must notify PEBP within 60 days (e.g., birth, divorce, marriage, etc.)
- Declining PEBP medical coverage (CDHP, HMO, and medical coverage through OneExchange) will result in termination of Basic Life, HRA funding, Long Term Disability, Voluntary Life and Short Term Disability insurance (if applicable) and you will not be eligible to enroll in a medical plan until the next Open Enrollment period (unless you have a qualifying family status change). Additionally, if you are retiree, you may permanently lose the option to re-enroll in PEBP.
- It is your responsibility to contact Standard Insurance within 31 days following the date medical coverage ends to learn about your rights to convert or port your Basic Life and Voluntary Life coverage (if applicable).

# How to Enroll

Complete your enrollment by doing one of the following:

### 1. Enroll Online

- Go to www.pebp.state.nv.us and click **e-PEBP Portal**. Follow the instructions to complete your enrollment before May 31, 2014.

### 2. Complete the Open Enrollment Form

- Open Enrollment Forms may be requested by calling 775-684-7000 or 800-326-5496 or via email to mservices@peb.state.nv.us
- Completed forms must be received in the PEBP office by May 31, 2014 or postmarked by May 31, 2014.

---

### Documentation to Add Dependent(s)

To *add* a spouse or domestic partner, submit a copy of your marriage certificate or a copy of the domestic partner certificate issued from the Nevada Secretary of State's office.

To cover children from birth to age 26, submit a copy of the child's birth certificate. If the dependent is a stepchild or the child of a domestic partner, PEBP will also require a copy of the marriage or domestic partner certificate. Note: Child(ren) under a permanent legal guardianship are eligible for coverage to age 19 or to age 26 if the child meets certain requirements. Refer to the PEBP Master Plan Document for eligibility requirements.

Supporting documents must be received in the PEBP office by June 30, 2014. Documents may be faxed to 775-684-7028. For more information regarding supporting document requirements, please visit www.pebp.state.nv.us or call 775-684-7000, 800-326-5496 or email to mservices@peb.state.nv.us.

### Health Savings Account (HSA)

Employees who contribute money to their HSA through automatic payroll deductions will continue with the same contribution amount for Plan Year 2015. Exception: ANY change made to an employee's coverage during Open Enrollment (via online or paper form) will automatically reset the employee's HSA election to zero. However, employees may enter a new HSA election online when submitting the Open Enrollment change.

Note: HSA elections after Open Enrollment must be made through HealthSCOPE Benefits.

# Overview of Plan Changes

Plan Year 2015

## Consumer Driven Health Plan (CDHP)

- The coinsurance rate on the CDHP will change from the current 75% (Plan) and 25% (participant) to 80% (Plan) and 20% (participant) after the plan year deductible is satisfied.
- The Plan will cover one annual preventive vision screening exam paid at 100% under the wellness benefit.
- The CDHP deductible will be reduced from $1,900 to $1,500 for individual coverage (participant only) and from $3,800 to $3,000 for family coverage (participant plus one or more covered family members).

## Dental Plan

- The annual dental maximum per covered member will increase from the current $1,000 to $1,500 per covered member.

## Basic Life Insurance

- Increase the Basic Life Insurance for eligible active employees from the current $10,000 to $25,000 and from $5,000 to $12,500 for eligible retirees.

## Base Consumer Driven Health Plan HSA and HRA Funding

- Continue base HSA and HRA funding of $700 for primary CDHP participants and $200 for each covered dependent (maximum 3 dependents).

| **One-Time Supplemental HSA/HRA Contribution**<br>For Participants<br>*Consumer Driven Health Plan (CDHP)*<br>Enrolled July 1, 2014 | |
|---|---|
| **State Employee/ Retiree** | $400 (Employee/Retiree) |
| | $100 per dependent (maximum 3 dependents) |
| **Non-State Employee** | $400 (Employee) |
| | $100 per dependent (maximum 3 dependents) |
| **Non-State Retiree** | $800 (Retiree) |
| | $200 per dependent (maximum 3 dependents) |

# Overview of Plan Changes

Plan Year 2015

## Lump-Sum Contribution for Retirees Enrolled in a Medical Plan Through OneExchange on July 1, 2014

Retirees with a retirement date before January 1, 1994 will continue to receive the 15-year ($165) base contribution per month. Additionally, these retirees will also receive a *one-time, lump-sum* contribution of $2 per month per year of service ($360 for pre-1994 retires with 15 years of service).

Retirees with a retirement date on or after January 1, 1994 will continue to receive $11 per month per year of service beginning with 5 years ($55) and a maximum of 20 years ($220). Additionally, these retirees will receive a *one-time, lump-sum* contribution equal to $2 per month per year of service beginning with 5 years ($120) and a maximum of 20 years ($480).

## Health Plan of Nevada

Plan design changes for HPN include the following:

- Specialist Office Visit copayment will increase from $15 to $25
- Urgent Care copayment will increase from $15 to $30
- Emergency Room copayment will increase from $75 to $150
- Inpatient Hospital Admission copayment will increase from $200 to $300
- *NowClinic Telemedicine Visit: $5 copayment
- *Convenient Care Clinic Visit: $5 copayment

* HPN members can use *NowClinic* to connect with Southwest Medical and *NowClinic* providers via secure webcam, chat, phone or mobile application anytime, 24/7/365. *NowClinic* lets you talk just like you would in an exam room with providers who can diagnose, provide care recommendations and prescribe, if appropriate, for simple care needs such as flu, sinusitis, insomnia, and pink eye. It's the same copay as a convenient care clinic visit, so it's both less expensive and easier than a typical trip to your family doctor.

## Hometown Health Plan

Plan design changes for HHP include the following:

- Decrease Inpatient Hospital Admission copayment from $1,500 to $500
- Decrease Out-Patient Surgery Admission copayment from $1,000 to $350

# Overview of Plan Changes

Plan Year 2015

## Voluntary Life Insurance - Special Enrollment Period: May 1 – 31, 2014

Life and Disability insurance can give you a greater sense of financial security by enabling you to protect your income now and in the future from an unexpected event. Standard Insurance is offering a special enrollment opportunity for Voluntary Life and Voluntary Short Term Disability (STD) insurance to all eligible active participants. Any benefits elected during this enrollment period will take effect July 1, 2014, subject to the active work requirement.

**During the enrollment period, you may be able to enroll in or increase your coverage without answering medical questions and in certain cases, the late enrollment penalty will be waived. Full details are available online at www.standard.com/mybenefits/nevada.**

You may enroll for Voluntary Life and AD&D insurance up to the Guarantee Issue Amount of $100,000 for yourself without answering medical questions if you meet the following criteria:

- You are an active participant
- You are currently not enrolled or are enrolled for less than $100,000 of coverage
- You have not been previously declined Voluntary Life coverage by Standard Insurance

## Voluntary Short-Term Disability Insurance

If you are eligible but not enrolled in Voluntary STD insurance, you may enroll for Option C without answering medical questions and you will not be subject to the late enrollment penalty.

- Option A: 7-day Benefit Waiting Period and a 15% rate reduction vs. 2013
- Option B: 14-day Benefit Waiting Period with the same rates as 2013
- Option C: 30-day Benefit Waiting Period and a 6% rate reduction vs. 2013

## Retiree Voluntary Life Insurance

Life Insurance may be elected to a maximum of $50,000. Requests for increases require you to provide evidence of insurability.

→Retirees are not eligible for guarantee issue Voluntary Life Insurance.

→Reinstated retirees are not eligible for Basic or Voluntary Life Insurance.

→Participants who decline PEBP-sponsored coverage (CDHP, HMO, or medical coverage through OneExchange) will lose Basic and Voluntary Life Insurance.

# Health Plan Options

## Consumer Driven Health Plan (CDHP)

The CDHP is an insurance plan that allows participants to pay for eligible health care expenses with available funds from a Health Savings Account (HSA) or a Health Reimbursement Arrangement (HRA).

| Plan Features | In-Network (participating provider benefit) | Out-of-Network Benefit |
|---|---|---|
| **Annual Deductible**<br>*Copayments for physician's office visits and prescription drug coverage do not apply to this plan.* | $1,500 Individual<br>$3,000 Family[1]<br>• $2,500 Individual Family Member Deductible | $1,500 Individual<br>$3,000 Family[1]<br>• $2,500 Individual Family Member Deductible |
| **Annual Out-of-Pocket Maximum**<br>(Participant pays) | $3,900 Individual[2]<br>$7,800 Family[2] | $10,600 Individual[3]<br>$21,200 Family[3] |
| *Includes annual deductible and coinsurance; excludes any charges in excess of Usual and Customary (U&C)[3] charges when accessing services from out-of-network providers.* | | |

Each plan year, before the plan begins to pay benefits, you are responsible for paying your eligible medical and prescription drug expenses up to the plan year deductible. Deductibles accumulate on a plan year basis and reset to zero at the start of each new plan year.

[1] Family Deductible: The $3,000 Family Deductible applies when there are two or more people from the same family unit covered by the plan. The plan operates so that one person in the family unit will never pay more than $2,500 toward the $3,000 Family Deductible. Once the $2,500 Individual Family Member is met, the plan will pay coinsurance for that one person. The balance of the Family Deductible ($500) may be met by any combination of eligible health care expenses from the remaining family members.

[2] Out-of-Pocket Maximum: The plan will pay 100% of eligible charges once the annual out-of-pocket maximum has been met through deductible and coinsurance. A single individual within a family can be responsible for the entire out-of-pocket maximum.

[3] Services received from out-of-network providers are subject to U&C provisions, meaning charges are subject to the maximum allowance under the plan and covered individuals will be responsible for any amount the providers charge in excess of the maximum allowance. The cost of services received out-of-network do not accumulate toward the in-network deductible or in-network out-of-pocket maximum. The Plan has separate deductibles and out-of-network maximums when using out-of-network providers.

# Health Plan Options

## Consumer Driven Health Plan (CDHP)

**The following example describes how the in-network "Individual Family Member Deductible" works with the Family Deductible when two or more individuals are covered under the plan:**

### Family member #1

Family member #1 incurs $2,600 in eligible in-network medical expenses, of which $2,500 is applied to the *individual in-network deductible* and $2,500 is also applied to the $3,000 family deductible. The Plan pays 80% of the remaining $100 ($100 x 80%=$80). Individual pays $20. Total applied to the family deductible: $2,520

### Family member #2

Family member #2 incurs $2,000 in eligible in-network medical expenses: $480 is applied toward the remaining *family in-network deductible*, which satisfies the $3,000 family deductible. The Plan pays 80% of the remaining $1,520 ($1,520 x 80%= $1,216). Participant pays remaining $304 which is applied to the Annual Out-of-Pocket Maximum.

## Health Plan of Nevada (HPN) HMO

Health Plan of Nevada is a Health Maintenance Organization (HMO) where members can access dependable care at fixed copayments. HPN offers a wide selection of physicians, hospitals, pharmacies and other healthcare providers. The service area includes Clark, Esmeralda, and Nye Counties (available in Lincoln County for participants who reside in the following zip codes: 89001, 89008, and 89017). HPN requires that you select a primary care physician (PCP) when enrolling in this plan. To select a primary care physician, or to view HPN's Evidence of Coverage, visit www.pebp.state.nv.us, or contact HPN at (702) 242-7300 or (800) 777-1840.

# Health Plan Options

## Hometown Health Plan (HHP) HMO

Hometown Health is an HMO that offers fixed copayments for primary care, specialty, and urgent care visits. The plan features medical, prescription drug, and vision coverage. Medical services must be received from a network provider. This plan requires that you select a primary care provider (PCP) at initial enrollment. Hometown Health Plan offers its members Open Access. This means you can self-refer to select contracted specialists without first obtaining a referral from your PCP. It is offered to participants residing in Carson City, Churchill, Douglas, Elko, Eureka, Lander, Lincoln, Lyon, Humboldt, Mineral, Pershing, Storey, Washoe, and White Pine Counties. To select a PCP, or to view the HHP Evidence of Coverage Certificate, visit www.pebp.state.nv.us, or contact HHP at (775) 982-3232 or (800) 336-0123.

## HMO Reciprocity

Participants enrolled in *Hometown Health Plan* or *Health Plan of Nevada* are eligible for expanded statewide provider access. These plans have a special network reciprocity agreement that allows HMO members to utilize both networks under certain circumstances. Reciprocity applies when traveling to/from northern/southern Nevada, and for dependents who are away at school in either the northern or southern part of the state. Expanded access is based on the primary participant's designated HMO plan provisions. The designated plan's pre-authorization requirements and referral guidelines still apply as described in the specific HMO plan document.

## Summary of Benefits and Coverage Document (SBC)

The SBC provides a summary of the key features of the benefits of each health plan option such as the covered benefits, cost-sharing provisions, and coverage limitations and exceptions. To view the SBC for the Consumer Driven Health Plan, Hometown Health Plan or Health Plan of Nevada visit www.pebp.state.nv.us or contact PEBP for a hardcopy at 775-684-7000 or 800-326-5496 or by email at mservices@peb.state.nv.us.

# Medical Plan Comparison

| Benefit Category | Consumer Driven Health Plan<br>Amount You Pay In-Network | Health Plan of Nevada<br>Amount You Pay In-Network | Hometown Health Plan<br>Amount You Pay In-Network |
|---|---|---|---|
| **Medical Deductible** | $1,500 individual<br>$3,000 family<br>• $2,500 Individual -when two or more family members covered | No deductible | No deductible |
| **Annual Out-of-pocket Maximum** | $3,900 person (plan year)<br>$7,800 family (plan year) | $6,800 person (calendar year) | $6,200 person (plan year)<br>$12,400 family (plan year) |
| **Hospital Inpatient** | 20% coinsurance after deductible | $300 copayment per admission | $500 copayment per admission |
| **Outpatient Same Day Surgery** | 20% coinsurance after deductible | $50 copayment per admission | $350 copayment per admission |
| **Primary Care Visit** | 20% coinsurance after deductible | $15 copayment | $25 copayment |
| **Specialist Visit** | 20% coinsurance after deductible | $25 copayment | $45 copayment |
| **Urgent Care Visit** | 20% coinsurance after deductible | $30 copayment | $50 copayment |
| **Emergency Room Visit** | 20% coinsurance after deductible | $150 copayment | $300 copayment |
| **General Laboratory Services** | 20% coinsurance after deductible | No charge | No charge for outpatient or hospital |
| **Chiropractic Services** | 20% coinsurance after deductible | $15 copayment | $45 copayment<br>$1,000 plan year max |
| **Wellness/Prevention** | No charge for eligible wellness benefits provided in-network | No charge | No charge |
| **Vision Exam*** | Covered at 100% (subject to U&C, see below)<br>(one exam per plan year) | $10 copayment every 12 months | $15 copayment every 12 months |
| **Hardware (frames, lenses, contacts)** | No benefit | $10 copayment lenses or frames ($100 allowance) or contacts in lieu glasses ($115 allowance) | 20% discount off doctor's U&C fee for prescription glasses when a complete pair is purchased. 15% off contact lens fitting |

*PEBP does not maintain a network specific to vision care; however, the PPO Network does have a list of some vision providers. Providers selected from the in network provider search will be paid at 100% PPO. Out of network providers will be paid at U&C under Preventive Wellness.

**Usual and Customary Charge (U&C):** The charge for medically necessary services or supplies as determined by HealthSCOPE Benefits to be the prevailing charge of most other health care providers in the same or similar geographic area for the same or similar health care service or supply.

| Pharmacy Plan Comparison | | | |
|---|---|---|---|
| **Benefit Category** | **Consumer Driven Health Plan**<br>Amount You Pay In-Network | **Health Plan of Nevada**<br>Amount You Pay In-Network | **Hometown Health Plan**<br>Amount You Pay In-Network |
| **Plan Deductible** | $1,500 individual<br>$3,000 family<br>• $2,500 Individual -when two or more family members covered | No deductible | No deductible |
| **Annual Out-Of-Pocket (OOP) Maximum*** | $3,900 person<br>$7,800 family<br>(per plan year) | Contact HPN for pharmacy OOP* maximum | Contact HHP for pharmacy OOP* maximum |
| **Retail Pharmacy - 30 day supply** | | | |
| **Preferred Generic (Tier 1)** | 20% after deductible | $7 copayment | $7 copayment |
| **Preferred Brand (Tier 2)** | 20% after deductible | $35 copayment | $40 copayment |
| **Non-Formulary (Tier 3)** | 100% of contracted price - does not apply to deductible or OOP* | $55 copayment | Greater of $75 copayment per script or 40% |
| **Mail Order - 90 day supply** | | | |
| **Preferred Generic (Tier 1)** | 20% after deductible | $14 copayment | $14 copayment |
| **Preferred Brand (Tier 2)** | 20% after deductible | $70 copayment | $80 copayment |
| **Non-formulary (Tier 3)** | 100% of contracted price - does not apply to deductible or OOP* | Not available through mail order | Greater of $150 copayment per script or 40% |
| **Specialty Medications Mail Order - 30 day supply** | | | |
| **Specialty Medications** | 20% after deductible - available in 30 day supply only through BriovaRx | Applicable retail pharmacy copayment will apply | 30% coinsurance |

***Annual Out-of-Pocket Maximum (OOP):** The maximum amount of coinsurance each covered person or family is responsible for paying during a plan year before the coinsurance required by the plan cease to apply. When the OOP maximum is reached, the plan will pay 100% of eligible covered expenses for the remainder of the plan year.

| **Dental Plan**<br>*All PPO and HMO Eligible Participants* | | |
|---|---|---|
| **Benefit Category** | **In-Network** | **Out-of-Network** |
| **Individual Plan Year Maximum** | $1,500 per person | $1,500 per person |
| **Plan Year Deductible (applies to Basic and Major services only)** | $100 per person or $300 per family (3 or more) | $100 per person or $300 per family (3 or more) |
| **Preventive Services**<br>Four cleanings/plan year, exams, bitewing X-rays (2/plan year)<br><br>Preventive Services are not subject to the $1,500 Individual Plan Year Maximum | 100% of allowable fee schedule, no deductible | 80% of the in-network provider fee schedule for the Las Vegas service area.<br>For services received out-of-network outside of Nevada, the plan will reimburse at the U&C |
| **Basic Services**<br>Periodontal, fillings, extractions, root canals, full-mouth X-rays | 80% of allowable fee schedule, after deductible | 50% of the in-network provider fee schedule for the Las Vegas service area.<br>For services outside of Nevada, the plan will reimburse at the U&C |
| **Major Services**<br>Bridges, crowns, dentures, tooth implants | 50% of allowable fee schedule, after deductible | 50% of the in-network provider fee schedule for the Las Vegas service area.<br>For services received out-of-network outside of Nevada, the plan will reimburse at the U&C |

- **Family Deductible: May be met by any combination of eligible dental expenses of three or more members of the same family coverage tier**. No one single family member would be required to contribute more than the equivalent of the individual deductible toward the family deductible. Both in-network and out-of-network deductibles are combined to meet your deductible each plan year.
- **Under no circumstances will the combination of PPO and Non-PPO benefit payments exceed the plan year maximum benefit $1,500.**

# HSA Contributions for State and Non-State Employees Enrolled in the Consumer Driven Health Plan July 1, 2014

| State and Non-State Employees with Coverage Effective July 1, 2014 | Base Contribution | One-time Supplemental Contribution | Total Contribution |
|---|---|---|---|
| **Participant Only** | $700 | $400 | $1,100 |
| **Per Dependent (maximum 3 dependents)** | $200 | $100 | $300 |

| Calendar Year 2014 Maximum Contribution Allowed by the Internal Revenue Service (IRS) | Individual | Family (two or more family members) |
|---|---|---|
| The maximum shown is for eligible HSA individuals with high deductible health coverage through December 31, 2014[1] | $3,300 | $6,550[2] |

## IRS Calendar Year 2014 HSA Contribution Limits

[1]The total calendar year 2014 contributions (combined employee/employer) cannot exceed the limits shown above.

[2]The Family maximum is based on your family as reported to the IRS on your federal tax return and applies regardless of whether two employees are married and eligible for the HSA. For example, if one employee is covering a dependent and the other employee is covered as self-only, the maximum for the entire family is $6,550. The total combined contributions between both employees and PEBP's contribution cannot exceed $6,550.

To be eligible for the family maximum, the employee and at least one other dependent on the federal tax return must be eligible for the HSA.

Note: If an employee is covering a dependent and that dependent has other coverage that is not considered a high deductible health plan, the maximum contribution allowed by IRS for the employee is based on an Individual or $3,300.

# HRA Contributions for Consumer Driven Health Plan

| State and Non-State Employees with Coverage Effective July 1, 2014 | Base Contribution | One-time Supplemental Contribution | Total Contribution |
|---|---|---|---|
| **Participant Only** | $700 | $400 | $1,100 |
| **Per Dependent (maximum 3 dependents)** | $200 | $100 | $300 |

| State Retirees with Coverage Effective July 1, 2014 | Base Contribution | One-time Supplemental Contribution | Total Contribution |
|---|---|---|---|
| **Participant Only** | $700 | $400 | $1,100 |
| **Per Dependent (maximum 3 dependents)** | $200 | $100 | $300 |

| Non-State Retirees with Coverage Effective July 1, 2014 | Base Contribution | One-time Supplemental Contribution | Total Contribution |
|---|---|---|---|
| **Participant Only** | $700 | $800 | $1,500 |
| **Per Dependent (maximum 3 dependents)** | $200 | $200 | $400 |

# Health Savings Account (HSA) and Health Reimbursement Arrangement (HRA)

## 2014 HSA Limits

The IRS limits how much you can deposit into your HSA each year. The 2014 limits are:

- $3,300 for individual coverage
- $6,550 for family coverage

**Are You 55 Years Old or Older?**

You can deposit an extra $1,000 during the year. This is called a catch-up contribution.

---

**Note: Employees who wish to contribute the maximum, must reduce the above limits by PEBP's contribution amount.**

---

**HSA Eligibility**

- You must be an active employee covered under the CDHP;
- You cannot have other coverage (Medicare, Tricare, Tribal, HMO, etc.) unless the other coverage is also a high deductible health plan;
- You *cannot* be claimed on someone else's tax return (excludes joint returns), or you or your spouse have a Medical FSA that can be used to pay for your medical expenses; and
- You cannot be covered under COBRA.
- You cannot have any Health Care FSA money in your account after June 30, 2014.

## How the plans works

Your plan has an annual deductible. The deductible must be paid before your plan will help pay for eligible health care expenses (except eligible benefits for preventive care which are paid 100% when using in-network providers).

**The following explains how the plan works before and after you meet your deductible.**

1. **Your Deductible - You pay out-of-pocket until you reach the deductible.**
   When you have an eligible expense, like a doctor's visit, the entire cost of the visit will apply to your deductible. You will pay the full cost of your health care expenses until you meet your deductible.

2. **Your coverage - The CDHP pays a percentage of your expenses**
   Once the deductible is reached, the CDHP has coinsurance. With coinsurance, the plan shares the cost of expenses with you. The plan will pay a percentage of each eligible expense, and you will pay the rest. For example, if the plan pays 80% of the cost, you will pay 20%.

3. **Your out-of-pocket maximum - You are protected from major expenses**
   An out-of-pocket maximum protects you from major expenses. The out-of-pocket maximum is the most you will have to pay in the plan year for covered services. The plan will then pay 100 percent of covered expenses for the rest of the plan year. Your deductible and coinsurance will go toward your out-of-pocket maximum.

## Health Reimbursement Arrangement (HRA)

HRAs are funded by PEBP; participant contributions are not allowed. **If the CDHP coverage terminates for any reason, any remaining funds revert to PEBP.**

| **Basic Life Insurance**<br>*All Eligible Primary Retirees and Employees* | |
|---|---|
| **Employee Basic Life Insurance** | Employees enrolled in a PEBP-sponsored medical plan receive $25,000 Basic Life Insurance coverage. Refer to the Life Insurance Certificate at http://*www*.standard.com/mybenefits/nevada for more information about this benefit or call The Standard at 888-288-1270. |
| **Long-Term Disability for Active Employees** | Long Term Disability Insurance is provided to active employees enrolled in a PEBP-sponsored medical plan. This benefit is designed to help protect you against a loss of income in the event you become disabled and are unable to work for an extended period of time. If your LTD claim is approved, benefits become payable at the end of the 180-day Benefit Waiting Period (no benefits are paid during the Benefit Waiting Period). The monthly LTD benefit is based on your earnings from the State of Nevada or participating public agency. Your monthly LTD benefit is 60 percent of the first $12,500 of your monthly earnings, as defined by the group insurance policy, reduced by deductible income. For more information about the LTD benefit, see the LTD Certificate of Insurance at http://www.standard.com/mybenefits/nevada/ |
| **Retiree Basic Life Insurance** | Retirees enrolled in the CDHP, HMO plan or a qualifying medical plan through OneExchange receive $12,500 Basic Life insurance coverage. Refer to the Life Insurance Certificate at http://*www*.standard.com/mybenefits/nevada for more information about this benefit. |
| **Medex Travel Assist** for Active Employees and Retirees enrolled in the CDHP, HMO Plan or a qualifying medical plan through OneExchange. | Medex Travel Assist is designed to respond to most medical care situations and many other emergencies you and your family experience when you travel 100 miles or more from your home. Medex provides a wide-ranging program of information, referral, coordination and assistance services. These services include pre-trip assistance, medical assistance, emergency transportation, travel and technical assistance, legal services and medical supplies. Assistance is available 24 hours a day, 365 days a year whether you are 100 or 10,000 miles away from your home. Simply print out and carry the Medex Travel Assist Card available at http://www.standard.com/mybenefits/nevada/life_add.html#ben |

# Flexible Spending Account

## Health Care and Dependent Care FSA

Available to State Employees Only

Health Care FSA

The Health Care Flexible Spending Account is a tax-free account that allows you to pay for qualified health care expenses that are not covered, or are partially covered, by your medical plan. Health Care FSAs can save you from 25% to 30% on the cost of eligible expenses you are already incurring.

When you enroll in a Flexible Spending Account, you decide how much to contribute for the entire Plan Year. The money is then deducted from your paycheck, pre-tax (before taxes are deducted) in equal amounts over the course of the plan year. After you incur expenses that qualify for reimbursement, you submit claims (reimbursement requests) to HealthSCOPE Benefits to request tax-free withdrawals from your Flexible Spending Account to reimburse yourself for these expenses.

For calendar year 2014, the maximum contribution limit for the Health Care FSA is $2,500. Note: This is a per employee limit, not a household limit. If an employee and his or her spouse are also eligible for the Health Care FSA, each individual can establish their own Health Care FSA with a $2,500 Calendar Year maximum.

Limited Purpose FSA

If you are enrolled in the Consumer Driven Health Plan with a Health Savings Account (HSA), you cannot enroll in the Health Care FSA; however, you may enroll in the Limited Purpose FSA for reimbursement of qualified dental and vision care expenses only.

Dependent Care FSA

Dependent Care Flexible Spending Accounts create a tax break for dependent care expenses (typically child care or day care expenses) that enable you to work. If you are married, your spouse must be working, looking for work or be a full-time student. If you have a stay-at-home spouse, you should not enroll in the Dependent Care Flexible Spending Account. The IRS allows no more than $5,000 per household ($2,500 if you are married and file a separate tax return) be set-aside in the Dependent Care Flexible Spending Account in a calendar year.

Please note that IRS regulations disallow reimbursement for services that have not yet been provided, so even if you pay in advance for your expenses, you can only claim service periods that have already occurred.

You will pay a small fee of $3.25 per month to participant in one or both of the FSAs. To enroll in an FSA, contact HealthSCOPE Benefits to complete your enrollment before May 31, 2013 at 888-763-8232.

# Options for Retirees and/or Dependents with Medicare Parts A and B

| | Medicare Status (Retiree and/or Dependent) | | Enrollment Options |
|---|---|---|---|
| **1.** | Retiree has Medicare Parts A and B; and no covered dependents | → | Retiree must enroll in a medical plan offered through OneExchange. |
| **2.** | Retiree has Medicare Parts A and B; and covers a non-Medicare dependent | → | • Retiree may enroll in a medical plan through OneExchange; and<br>• the non-Medicare dependent(s) may retain the CDHP or HMO coverage; or<br>• Retiree and dependent(s) may retain CDHP or HMO coverage |
| **3.** | Retiree and spouse/domestic partner both have Medicare Parts A and B; and no other covered dependents | → | Both must enroll in a medical plan offered through OneExchange |
| **4.** | Retiree under age 65 (without Medicare); and covers a spouse/ domestic partner with Medicare Parts A and B | → | • Retiree may retain coverage CDHP or HMO coverage; and<br>• Spouse/domestic partner may enroll in medical coverage through OneExchange; or<br>• Retiree and spouse/domestic partner may retain coverage under the CDHP or HMO plan |

Retirees and their covered dependents may only retain CDHP or HMO coverage until such time that all covered family members are entitled to premium-free Medicare Part A.

**Note: At age 65, PEBP requires all retirees and their covered dependents to purchase Medicare Part B regardless of their eligibility for premium-free Part A.**

# State Employee Rates

Effective July 1, 2014 - June 30, 2015

| ** State ** Employee Rates | Statewide PPO | Statewide HMO |
|---|---|---|
| | **Consumer Driven Health Plan** | **Hometown Health Plan and Health Plan of Nevada** |
| | Participant Premium | Participant Premium |
| Employee Only | 39.26 | 158.43 |
| Employee + Spouse | 156.45 | 436.96 |
| Employee + Child(ren) | 86.08 | 287.27 |
| Employee + Family | 203.05 | 565.80 |
| | | |

| ** State Employee ** with Domestic Partner Rates | Statewide PPO | | |
|---|---|---|---|
| | **Consumer Driven Health Plan** | | |
| | Participant Premium | Pre-Tax Deduction | Post-Tax Deduction |
| Employee + DP | 156.45 | 39.26 | 117.19 |
| Employee + DP's Child(ren) | 86.08 | 39.26 | 46.82 |
| Employee + Children of both | 86.08 | 86.08 | 0.00 |
| Employee + DP + EE's Child(ren) | 203.05 | 86.08 | 116.97 |
| Employee + DP + DP's Child(ren) | 203.05 | 39.26 | 163.79 |
| Employee + DP + Children of both | 203.05 | 86.08 | 116.97 |

| ** State Employee ** with Domestic Partner Rates | Statewide HMO | | |
|---|---|---|---|
| | **Hometown Health Plan and Health Plan of Nevada** | | |
| | Participant Premium | Pre-Tax Deduction | Post-Tax Deduction |
| Employee + DP | 436.96 | 158.43 | 278.53 |
| Employee + DP's Child(ren) | 287.27 | 158.43 | 128.84 |
| Employee + Children of both | 287.27 | 287.27 | 0.00 |
| Employee + DP + EE's Child(ren) | 565.80 | 287.27 | 278.53 |
| Employee + DP + DP's Child(ren) | 565.80 | 158.43 | 407.37 |
| Employee + DP + Children of both | 565.80 | 287.27 | 278.53 |

# State Rates For Employees on Leave without Pay, Military Leave, and State Active Legislators

Effective July 1, 2014 - June 30, 2015

| **State Active Legislators, Employees on Leave Without Pay, and Military Leave ** | Statewide PPO | Statewide HMO |
|---|---|---|
| | **Consumer Driven Health Plan** | **Hometown Health Plan and Health Plan of Nevada** |
| | Participant Premium | Participant Premium |
| Employee Only | 560.80 | 720.12 |
| Employee + Spouse/DP | 994.87 | 1,383.30 |
| Employee + Child(ren) | 734.23 | 1,026.88 |
| Employee + Family | 1,167.46 | 1,690.06 |

Legislators, employees on Leave without Pay and Military leave do not receive a subsidy towards their health insurance premium.

| **** State ** Retiree** | Statewide PPO | Statewide HMO |
|---|---|---|
| | **Consumer Driven Health Plan** | **Hometown Health Plan and Health Plan of Nevada** |
| | Participant Premium | Participant Premium |
| Retiree only | 195.81 | 358.65 |
| Retiree + Spouse | 438.89 | 829.51 |
| Retiree + Child(ren) | 289.85 | 576.45 |
| Retiree + Family | 535.54 | 1,047.30 |
| Surviving/Unsubsidized Dependent | 543.91 | 703.23 |
| Surviving/Unsubsidized Spouse + Child(ren) | 711.84 | 1,009.99 |

**To determine your final premium, turn to page 22.**

# State Retiree Rates

Effective July 1, 2014 - June 30, 2015

| **State Retiree with Domestic Partner** Rates | Statewide PPO | Statewide HMO |
|---|---|---|
| | **Consumer Driven Health Plan** | **Hometown Health Plan and Health Plan of Nevada** |
| | Participant Premium | Participant Premium |
| Retiree + DP | 438.89 | 829.51 |
| Retiree + DP's Child(ren) | 289.85 | 576.45 |
| Retiree + Children of both | 289.85 | 576.45 |
| Retiree + DP + Retiree's Child(ren) | 535.54 | 1,047.30 |
| Retiree + DP + DP's Child(ren) | 535.54 | 1,047.30 |
| Retiree + DP + Children of both | 535.54 | 1,047.30 |
| **To determine your final premium, turn to page 22.** | | |

# State Retirees Without Subsidy

Effective July 1, 2014 - June 30, 2015

| **State Retirees Without Subsidy** Refer to note below | **Statewide PPO** | **Statewide HMO** |
|---|---|---|
| | **Consumer Driven Health Plan** | **Hometown Health Plan and Health Plan of Nevada** |
| | **Participant Premium** | **Participant Premium** |
| Retiree only | 543.91 | 703.23 |
| Retiree + Spouse | 977.98 | 1,366.41 |
| Retiree + Child(ren) | 711.84 | 1,009.99 |
| Retiree + Family | 1,150.57 | 1,673.17 |
| Surviving/Unsubsidized Dependent | 543.91 | 703.23 |
| Surviving/Unsubsidized Spouse + Child (ren) | 711.84 | 1,009.99 |

Note: State Retirees Without Subsidy Rates apply to retirees with an initial hire date of hire on or after January 1, 2012.

# State Retiree Years of Service Subsidy

| ** State Retiree ** Subsidy For Retirees Enrolled in the **CDHP/HMO** Plan | |
|---|---|
| **YOS** | **Subsidy** |
| 5 | +346.65 |
| 6 | +311.98 |
| 7 | +277.32 |
| 8 | +242.65 |
| 9 | +207.99 |
| 10 | +173.33 |
| 11 | +138.66 |
| 12 | +104.00 |
| 13 | +69.33 |
| 14 | +34.67 |
| 15 (Base) | 0.00 |
| 16 | -34.67 |
| 17 | -69.33 |
| 18 | -104.00 |
| 19 | -138.66 |
| 20 | -173.33 |

- For participants who retired before January 1, 1994, the participant premium for the selected plan and tier is shown on page 21.
- For participants who retired *on or after* January 1, 1994, *add or subtract* the appropriate subsidy based on the number of years of service *to or from* the participant premium for the selected plan and tier shown on page 21.
- Those retirees with less than 15 Years of Service, who were hired by their last employer on or after January 1, 2010 and who are not disabled do not receive a Years of Service Subsidy or Base Subsidy.
- Those retirees who were hired on or after January 1, 2012 do not receive a Years of Service Subsidy or Base Subsidy.
- If you are a retiree (or survivor) enrolled in the CDHP or an HMO plan and you pay for Medicare Part B, **deduct $104.90** from your premium cost.

# Non-State Employee and Retiree Rates

Effective July 1, 2014 - June 30, 2015

| ** Non-State ** Employee Rates | Statewide PPO | Statewide HMO |
|---|---|---|
| | **Consumer Driven PPO High Deductible Health Plan** | **Hometown Health Plan and Health Plan of Nevada** |
| | Participant Premium | Participant Premium |
| Employee Only | 916.05 | 750.06 |
| Employee + Spouse | 1,705.33 | 1,443.18 |
| Employee + Child(ren) | 1,602.37 | 1,102.14 |
| Employee + Family | 2,390.82 | 1,795.26 |

| ** Non-State ** Retiree Rates | Statewide PPO | Statewide HMO |
|---|---|---|
| | **Consumer Driven Health Plan** | **Hometown Health Plan and Health Plan of Nevada** |
| | Participant Premium | Participant Premium |
| Retiree only | 899.16 | 733.17 |
| Retiree + Spouse/DP | 1,688.44 | 1,426.29 |
| Retiree + Child(ren) | 1,585.48 | 1,085.25 |
| Retiree + Family | 2,373.93 | 1,778.37 |
| Surviving/Unsubsidized Dependent | 899.16 | 733.17 |
| Surviving/Unsubsidized Spouse/DP + Child(ren) | 1,585.48 | 1,085.25 |

**To determine your final premium, turn to page 24.**

# Non-State Retiree Years of Service Subsidy

**Non-State Retiree Subsidy**
For Retirees Enrolled in the CDHP/HMO Plan

| YOS | Subsidy |
|---|---|
| 5 | -115.55 |
| 6 | -150.22 |
| 7 | -184.88 |
| 8 | -219.55 |
| 9 | -254.21 |
| 10 | -288.88 |
| 11 | -323.54 |
| 12 | -358.21 |
| 13 | -392.87 |
| 14 | -427.54 |
| 15 (Base) | -462.20 |
| 16 | -496.87 |
| 17 | -531.53 |
| 18 | -566.20 |
| 19 | -600.86 |
| 20 | -635.53 |

- For participants who retired *before* January 1, 1994, subtract the 15 year (base) subsidy from the participant premium in the selected plan and tier shown on page 23.
- For participants who retired *on or after* January 1, 1994, *subtract* the appropriate subsidy from the participant premium in the selected plan and tier shown on page 23.
- Those retirees with less than 15 Years of Service, who were hired by their last employer *on or after* January 1, 2010, and who are not disabled, do not receive a Years of Service Subsidy or Base Subsidy.
- Employees initially hired on or after January 1, 2012 will not receive the Years of Service subsidy.
- If you are a retiree (or survivor) enrolled in the CDHP or an HMO plan and you pay for Medicare Part B, **deduct $104.90** from your premium cost. Dependents do not qualify for the Part B credit.

# Exchange-HRA Years of Service Contribution

## Retirees Enrolled in OneExchange

| Exchange-HRA Contribution for Medicare Retirees Enrolled in OneExchange | |
|---|---|
| **Years of Service** | **Contribution** |
| 5 | +55.00 |
| 6 | +66.00 |
| 7 | +77.00 |
| 8 | +88.00 |
| 9 | +99.00 |
| 10 | +110.00 |
| 11 | +121.00 |
| 12 | +132.00 |
| 13 | +143.00 |
| 14 | +154.00 |
| 15 (Base) | +165.00 |
| 16 | +176.00 |
| 17 | +187.00 |
| 18 | +198.00 |
| 19 | +209.00 |
| 20 | +220.00 |

- Participants who retired before January 1, 1994 receive the 15-year ($165) base contribution.
- For participants who retired on or after January 1, 1994, the contribution is $11 per month per year of service beginning with 5 years ($55) and a maximum of 20 years ($220).
- Those retirees with less than 15 years of service, who were hired by their last employer *on or after* January 1, 2010, and who are not disabled, do not receive a Years of Service contribution.
- Those retirees who were hired by their last employer on or after January 1, 2012 do not receive a years of service contribution.

# Optional PEBP Dental Coverage

Retirees and Covered Dependents Enrolled in OneExchange

| ** Voluntary PEBP Dental Coverage **<br>Optional dental coverage for retirees enrolled in an OneExchange Medical Plan | | |
|---|---|---|
| **Voluntary Dental Coverage** | **State Retiree Rate** | **Non-State Retiree Rate** |
| Retiree only | 34.51 | 33.55 |
| Retiree + Spouse/DP | 69.03 | 67.09 |
| Surviving/Unsubsidized Spouse/DP | 34.51 | 33.55 |
| Retirees and their spouses or domestic partners enrolled in a medical plan through OneExchange may enroll or decline PEBP dental coverage during Open Enrollment. To enroll in PEBP dental or to decline PEBP dental coverage, complete the Open Enrollment Form. Retirees and covered dependents electing PEBP dental are responsible for canceling dental coverage through OneExchange (if applicable). | | |

# Unsubsidized Dependent Rates

For Dependents of Retirees Enrolled in OneExchange

Effective July 1, 2014 - June 30, 2015

| ** STATE **<br>Unsubsidized Dependent | CDHP | HMO |
|---|---|---|
| Spouse/Domestic Partner or Child | 543.91 | 703.23 |
| Child(ren) | 711.84 | 1,009.99 |
| Spouse/DP + Child(ren) | 711.84 | 1,009.99 |

| ** NON-STATE **<br>Unsubsidized Dependent | CDHP | HMO |
|---|---|---|
| Spouse/Domestic Partner or Child | 899.16 | 733.17 |
| Children | 1,585.48 | 1,085.25 |
| Spouse/DP + Child(ren) | 1,585.48 | 1,085.25 |

# COBRA Rates

State and Non-State Employee and Retiree

| State COBRA | Statewide PPO | Statewide HMO |
|---|---|---|
| | **Consumer Driven Health Plan** | **Hometown Health Plan & Health Plan of Nevada** |
| ****Employee**** | **Premium** | **Premium** |
| Participant | 572.02 | 734.52 |
| Participant + Spouse/DP | 1,014.77 | 1,410.97 |
| Participant + Child(ren) | 748.91 | 1,047.42 |
| Participant + Family | 1,190.81 | 1,723.86 |
| Spouse/DP Only | 572.02 | 734.52 |
| Spouse/DP + Child(ren) | 748.91 | 1,047.42 |
| ****Retiree**** | | |
| Participant | 544.79 | 717.29 |
| Participant + Spouse/DP | 997.54 | 1,393.74 |
| Participant + Child(ren) | 726.08 | 1,030.19 |
| Participant + Family | 1,173.58 | 1,706.63 |
| Spouse/DP Only | 544.79 | 717.29 |
| Spouse/DP + Child(ren) | 726.08 | 1,030.19 |
| -- COBRA participants do not qualify for Life Insurance and Long-Term Disability.<br>-- Participants on COBRA do not receive a subsidy. | | |

| Non-State COBRA | Statewide PPO | Statewide HMO |
|---|---|---|
| | **Consumer Driven Health Plan** | **Hometown Health Plan & Health Plan of Nevada** |
| ****Employee**** | **Premium** | **Premium** |
| Participant | 934.37 | 765.06 |
| Participant + Spouse/DP | 1,739.44 | 1,472.04 |
| Participant + Child(ren) | 1,634.42 | 1,124.18 |
| Participant + Family | 2,438.64 | 1,831.17 |
| Spouse/DP Only | 934.37 | 765.06 |
| Spouse/DP + Child(ren) | 1,634.42 | 1,124.18 |
| ****Retiree**** | | |
| Participant | 917.14 | 747.83 |
| Participant + Spouse/DP | 1,722.21 | 1,454.82 |
| Participant + Child(ren) | 1,617.19 | 1,106.96 |
| Participant + Family | 2,421.41 | 1,813.94 |
| Spouse/DP Only | 917.14 | 747.83 |
| Spouse/DP + Child(ren) | 1,617.19 | 1,106.96 |
| -- COBRA participants do not qualify for Life Insurance and Long-Term Disability.<br>-- Participants on COBRA do not receive a subsidy. | | |

# PEBP Important Notices

## HIPAA Privacy Practices

The Privacy Rule provides federal protection for personal health information and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of personal health information needed for patient care and other purposes. For more information, please visit the following website: http://www.hhs.gov/ocr/office/index.html

## Women's Health and Cancer Rights Act of 1998

Your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services. This includes all stages of reconstruction and surgery to achieve symmetry between the breasts, prosthesis, and complications resulting from a mastectomy, including lymphedema.

If you have questions about coverage of mastectomies and reconstructive surgery, please call your plan administrator for additional information:

- Consumer Driven PPO High Deductible Health Plan: 888-7NEVADA (888-763-8232)
- Health Plan of Nevada: (702) 242-7300 or (800) 777-1840
- Hometown Health Plan: (775) 982-3232 or (800) 336-0123

## Newborns' and Mothers' Health Protection Act of 1996

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). For more information, please visit the following website http://www.dol.gov/index.htm.

# Vendor Contact List

| | |
|---|---|
| **CDHP Medical and PPO Dental Claims Administrator**<br>• Claim status inquiries<br>• Plan benefit information<br>• HSA/PPO-HRA Administration<br>• Network Providers<br>• ID cards | **HealthSCOPE Benefits**<br>P.O. Box 91603<br>Lubbock, TX 79490-1603<br>Customer Service: 888-7NEVADA<br>888-763-8232<br>Group Number: NVPEB<br>www.healthscopebenefits.com |
| | |
| **In-State PPO Medical Network**<br>• Network Providers<br>• Provider directory<br>• Additions/deletions of providers | **PEBP Statewide PPO Network**<br>Administered by Hometown Health Partners and Sierra Healthcare Options<br>Customer Service: (800) 336-0123<br>www.pebp.state.nv.us |
| | |
| **National Provider Network**<br>For participants who reside outside Nevada or who reside in Nevada and access healthcare services outside of Nevada | **First Health Network**<br>P.O. Box 91603<br>Lubbock, TX 79490-1603<br>Customer Service: 800-226-5116<br>www.myfirsthealth.com |
| | |
| **Dental PPO Network**<br>• Statewide dental PPO providers<br>• Dental provider directory | **Diversified Dental Services**<br>Northern Nevada: (866) 270-8326<br>Southern Nevada: (800) 249-3538 |
| | |
| **CDHP Pharmacy Plan Administrator**<br>• Prescription drug information<br>• Retail network pharmacies<br>• Prior authorization<br>• Non-network retail claims payment<br>• Price and Save Tool<br>• Mail order service and mail order forms<br><br>Specialty Drug Services: Brioval Rx<br>Diabetic Supplies - Catamaran/Liberty Medical | **Retail Pharmacy Services: Catamaran**<br>(800) 799-1012<br>www.catamaranrx.com<br>**Walgreens Mail Order Services**<br>866) 845-3590<br>**Briova Rx (Specialty pharmacy)**<br>(866) 618-6741<br>**Diabetic Sense - Liberty Medical**<br>(877) 852-3512 |
| | |
| **Hometown Health**<br>• Pre-certification<br>• Case Management | **Hometown Health**<br>Pre-certification and Customer Service<br>(775) 982-3232 (800) 336-0123<br>www.apshealthcare.com |
| | |
| **U.S. Preventive Medicine**<br>• NVision Health & Wellness Program<br>• Diabetes Care Management<br>• Obesity Care Management Program | **U.S. Preventive Medicine (USPM)**<br>**NVision Health & Wellness Program**<br>(877) 800-8144<br>NVision.PEBP.state.nv.us |

# Vendor Contact List

| | |
|---|---|
| **Northern HMO Plan**<br>• Provider network<br>• Provider directories<br>• Appeals<br>• Benefit Information<br>• Additions/deletions of providers<br>• Pharmacy Benefits | **Hometown Health Plan**<br>Customer Service:<br>(775) 982-3232 or (800) 336-0123<br>MedImpact Retail Pharmacy<br>(888) 266-7481<br>Mail Order: Postal Prescription Services (PPS) (800) 552-6694<br>Costco Mail Order Pharmacy<br>(800) 607-6861<br>www.pharmacy.costco.com |
| | |
| **Southern HMO Plan**<br>• Provider network<br>• Provider directories<br>• Benefit Information/Appeals<br>• Additions/deletions of providers | **Health Plan of Nevada**<br>Customer Service:<br>(702) 242-7300<br>(800) 777-1840<br>www.stateofnvhpnbenefits.com or www.pebp.state.nv.us |
| | |
| **Life and AD&D Insurance**<br>• Life insurance benefits information<br>• Claim filing<br>• MEDEX travel assistance<br>• Beneficiary designation forms | **Standard Insurance Company**<br>Customer Service: (888) 288-1270<br>www.standard.com/mybenefits/nevada/index.html or www.pebp.state.nv.us |
| | |
| **Medicare Exchange**<br>Medicare supplemental plan/HRA administrator for retirees | **Towers Watson's OneExchange**<br>Customer Service: (888) 598-7545<br>www.ExtendHealth.com/PEBP |
| | |
| **Life Insurance**<br>• Voluntary Life Insurance<br>• Voluntary Short-Term Disability Insurance | **Standard Insurance Company**<br>Customer Service: (888) 288-1270<br>www.standard.com/mybenefits/nevada/index.html or www.pebp.state.nv.us |
| | |
| **Flexible Spending**<br>• Medical<br>• Dependent Care | **HealthSCOPE Benefits**<br>Customer Service: (888)763-8232<br>Fax: (877) 240-0135<br>P.O. Box 3627 Little Rock, AR 72203<br>Email: pebphsahra@healthscopebenefits.com<br>www.healthscopebenefits.com |
| | |
| **Home and Auto Insurance** | **Liberty Mutual**<br>Customer Service: (800) 637-7026<br>gary.bishop@libertymutual.com |

# Open Enrollment Webinars and Recorded Plan Component Presentations

## Open Enrollment Webinars

To learn about plan changes for Plan Year 2015, attend a live webinar. Registration is required and each session is limited to 1,000 registrants. To register, visit www.pebp.state.nv.us.

| Date | Time | Region | Plan Type |
|---|---|---|---|
| May 6, 2014 | 9:00 am - 10:30 am | Northern Nevada | CDHP and HHP |
| May 6, 2014 | 2:30 pm - 4:00 pm | Southern Nevada | CDHP and HPN |
| May 7, 2014 | 9:00 am - 10:30 am | Southern Nevada | CDHP and HPN |
| May 7, 2014 | 2:30 pm - 4:00 pm | Northern Nevada | CDHP and HHP |
| May 13, 2014 | 9:00 am - 10:30 am | Southern Nevada | CDHP and HPN |
| May 13, 2014 | 12:00 pm - 1:30 pm | Northern Nevada | CDHP and HHP |
| May 15, 2014 | 9:00 am - 10:30 am | Northern Nevada | CDHP and HHP |
| May 15, 2014 | 11:00 am - 12:30 pm | Southern Nevada | CDHP and HPN |
| May 20, 2014 | 9:00 am - 10:30 am | Southern Nevada | CDHP and HPN |
| May 20, 2014 | 12:00 pm - 1:30 pm | Northern Nevada | CDHP and HHP |
| May 22, 2014 | 9:00 am - 10:30 am | Northern Nevada | CDHP and HHP |
| May 22, 2014 | 12:00 pm - 1:30 pm | Southern Nevada | CDHP and HPN |

## Recorded Plan Component Presentations

Recorded instructional videos relating to various plan components are also available at www.pebp.state.nv.us.